

**DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES**

**BRIAN SCHWEITZER
GOVERNOR**

**JOAN MILES
DIRECTOR**

STATE OF MONTANA

www.dphhs.state.mt.us
(406) 444-2676
(406) 444-0596
FAX: (406) 444-1742

2401 Colonial Drive
2nd Floor
P.O. Box 202953
HELENA, MT 59620-2953

Dear Prospective Home Infusion Therapy Provider:

This letter is in response to a request for information regarding the procedure to license a home infusion therapy facility. I have enclosed an application form and the licensure regulations for home infusion therapy facilities. (ARM 16.32.701 – 719).

The enclosed application form must be completed and submitted with the \$20.00 licensure fee. Please submit a copy of the facility's policies and procedures, which correspond to the regulations, to our office for review. This will expedite the licensure process. After our office has reviewed and approved the policies and procedures and scheduled an onsite survey, we will be able to determine licensure eligibility.

If you have further questions, please call either Jan Kiely at 444-1575, Harry Dziak at 444-0572, Shelley Lowe at 444-9138, or Amy Goetze at 444-2676.

Sincerely,
Becky Fleming-Siebenaler
Licensure Bureau Chief
Quality Assurance Division